

Operations Bulletin – December 29, 2003

Re: HIV Counseling and Testing Report Form, No. 0920-0208 a.k.a. “purple bubble sheet”

Audience: All agencies - conducting HIV Testing & Counseling in 2004

The existing HIV Counseling and Testing Report Form No. 0920-0208 a.k.a. “purple bubble sheet” expires at the end of 2003, since the last selectable date for “DATE OF THIS VISIT” and DATE OF “POSTTEST” is December 31, 2003

CDC has devised a temporary “work-around” for all Testing Report Forms completed after January 1, 2004. When entering a year for the “DATE OF THIS VISIT” and “DATE OF POSTTEST” the counselor should select “94” for 2004, “95” for 2005, “96” for 2006, etc. The tabulation software has been modified to correctly interpret this date change, and to maintain any data that was originally entered into the tabulation software in 1994.

Any Testing Reports Forms with a blank date for either visit will be rejected from the tabulation software for manual entry.

Audience: ALL agencies – providing pre-test counseling during 2003 and results given after December 31, 2003.

Special handling is required for those clients that received pre-test counseling during 2003 and who were given results after December 31, 2003. Mostly likely the number of client files will be minimal. This one-time change is required due to the delayed launch of CDC’s new reporting system, “P.E.M.S”.

The HIV Counseling and Testing Report Form No. 0920-0208 a.k.a. “purple bubble sheet” is comprised of two sections (posttest counseling information and demographic information – see page 2) the total width of the form is approximately 13” wide. A perforation 5” from the left hand tractor feed divides the two sections. If there is no tractor feed on the left hand side of your form you are missing the Posttest Counseling Information section.

Please assess your needs and call Terry Hansen at (801) 538-6124 to replenish your inventory of forms.

On the Demographic Information section (8” ½ x 11”), select the correct option for “TEST RESULT THIS VISIT”, for CLIENT POSTTEST COUNSELED? fill in “no”, and DATE OF POSTTEST leave blank.

On the Posttest Counseling Information section (5” x 11”), select the correct option for “CLIENT POSTTEST COUNSELED?” in “DATE OF POSTTEST” field insert the date the result is given, and in “POSTTEST COUNSELOR” field enter counselor ID. If you enter a value in the “CLIENT CODE” section of the Demographic Information section, enter the same value in the “CLIENT CODE” area of the Posttest Counseling section.

Submit the **full** form to the Utah Department of Health or through your standard channel for processing.

Please direct your questions or comments to your contract manager, Terry Hansen at (801) 538-6124 or Rob Sonoda at (801) 538-6987.

<div style="display: flex; justify-content: space-between;"> U.S. GOVERNMENT PRINTING OFFICE: 1999-2430-S HIV COUNSELING AND TESTING REPORT FORM OMB No. 0920-0208 </div>														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>IDENTIFICATION NO. 0043245602</p> <p>CLIENT CODE [0][0][0][0][0][0][0][0][0][0]</p> </div> <div style="width: 55%;"> <p>PROJ AREA [0][0]</p> <p>SITE TYPE [0][0]</p> <p>SITE NUMBER [0][0][0]</p> <p>PRETEST COUNSELOR [0][0][0][0]</p> <p>DATE OF THIS VISIT [0][0][0][0]</p> </div> </div>														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HIV COUNSELING AND TESTING REPORT FORM</p> <p>POSTTEST COUNSELING INFORMATION</p> <p>CLIENT POSTTEST COUNSELED? [0] NO [0] YES, REQUESTED RESULT [0] YES, WITH FOLLOW-UP [0] YES, AT NEW CLINIC VISIT [0] YES, OTHER</p> <p>DATE OF POSTTEST [0] JAN [0][0] [02] [0] FEB [0][0] [03] [0] MAR [0][0] [03] [0] APR [0][0] [03] [0] MAY [0][0] [03] [0] JUN [0][0] [07] [0] JUL [0][0] [07] [0] AUG [0][0] [07] [0] SEP [0][0] [07] [0] OCT [0][0] [07] [0] NOV [0][0] [07] [0] DEC [0][0] [07]</p> <p>POSTTEST COUNSELOR [0][0][0][0]</p> </div> <div style="width: 55%;"> <p>CLIENT DEMOGRAPHIC INFORMATION</p> <p>SEX [0] MALE [0] FEMALE</p> <p>RACE/ETHNICITY [0] WHITE, NOT HISPANIC [0] BLACK, NOT HISPANIC [0] HISPANIC [0] ASIAN/PACIFIC ISL [0] AM INDIAN/AK NATIVE [0] OTHER</p> <p>AGE [0][0]</p> <p>STATE [0][0]</p> <p>COUNTY [0][0][0]</p> <p>ZIP CODE [0][0][0][0][0]</p> <p>CLIENT CODE [0][0][0][0][0][0][0][0][0][0]</p> </div> </div>														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PRETEST COUNSELING INFORMATION (mark all that apply)</p> <p>REASON FOR VISIT [0] SYMPTOMATIC FOR HIV / AIDS [0] CLIENT REFERRAL [0] PROVIDER REFERRAL [0] STD RELATED [0] DRUG TRMT RELATED [0] FAMILY PL RELATED [0] PRENATAL/OB RELATED [0] TB RELATED [0] COURT ORDERED [0] IMMIGRATION/TRAVEL REQ. [0] OCCUPATIONAL EXPOSURE [0] RETEST [0] REQUESTING HIV TEST [0] OTHER</p> </div> <div style="width: 55%;"> <p>SINCE 1978: [0] SEX WITH MALE [0] SEX WITH FEMALE [0] USED INJECTING DRUGS [0] SEX WHILE USING NON-INJ DRUGS [0] SEX FOR DRUGS/MONEY [0] STD DIAGNOSIS</p> <p>SEXUAL RELATIONS WITH: [0] IDU [0] MAN WHO HAD SEX WITH A MAN [0] PERSON WITH HIV / AIDS [0] PERSON W / OTHER HIV / AIDS RISK [0] CHILD OF WOMAN WITH HIV / AIDS [0] HEMOPHILIA/BLOOD RECIPIENT [0] HEALTH CARE EXPOSURE [0] VICTIM OF SEXUAL ASSAULT [0] NO ACKNOWLEDGED RISK</p> </div> </div>														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>POSTTEST COUNSELING INFORMATION</p> <p>CLIENT POSTTEST COUNSELED? [0] NO [0] YES, REQUESTED RESULT [0] YES, WITH FOLLOW-UP [0] YES, AT NEW CLINIC VISIT [0] YES, OTHER</p> <p>DATE OF POSTTEST [0] JAN [0][0] [02] [0] FEB [0][0] [03] [0] MAR [0][0] [03] [0] APR [0][0] [03] [0] MAY [0][0] [03] [0] JUN [0][0] [07] [0] JUL [0][0] [07] [0] AUG [0][0] [07] [0] SEP [0][0] [07] [0] OCT [0][0] [07] [0] NOV [0][0] [07] [0] DEC [0][0] [07]</p> <p>POSTTEST COUNSELOR [0][0][0][0]</p> </div> <div style="width: 55%;"> <p>TESTING INFORMATION</p> <p>CLIENT PREVIOUSLY TESTED? [0] NO [0] YES, NEGATIVE [0] YES, POSITIVE [0] YES, INCONCLUSIVE [0] YES, UNKNOWN</p> <p>IF TESTED THIS VISIT, INDICATE TYPE [0] ANONYMOUS [0] CONFIDENTIAL</p> <p>IF NOT TESTED THIS VISIT, INDICATE REASON [0] CLIENT DECLINED [0] REFERRED ELSEWHERE [0] PREVIOUSLY POSITIVE [0] PREVIOUSLY NEGATIVE [0] OTHER</p> <p>TEST RESULT THIS VISIT [0] NEGATIVE [0] POSITIVE [0] INCONCLUSIVE [0] NO RESULT</p> </div> </div>														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>RESERVED FOR LOCAL USE</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</p> <p>[0][0][0][0][0][0][0][0][0][0][0][0][0][0][0]</p> </div> </div>														